

**F A C S I M I L E  
T R A N S M I T T A L  
S H E E T****SEP 28 2007**

MEDICINELODGE, INC.

<b>TO:</b>	<b>ORGANIZATION:</b>	<b>FAX NO.:</b>
Examiner Ramana		1-571-273-4718
<b>CC:</b>	<b>ORGANIZATION:</b>	<b>FAX NO.:</b>
<b>FROM:</b>	<b># OF PAGES (WITH COVER):</b>	<b>DATE:</b>
David W. Meibos	1	09/28/2007
<b>SUBJECT:</b>		
POA for MLI-06		

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**Examiner Ramana -**

Here is a copy of the fully executed Power of Attorney for docket number MLI-06. Please let me know if there are any other issues with this case.

Regards,

David W. Meibos  
435-774-1504

SEP 28 2007

PTO/SB/81 (01-08)

Approved for use through 12/31/2008, OMB 0651-0035

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INDICATION FORM**

Application Number	10/601,177
Filing Date	6/20/2003
First Named Inventor	T. Wade Fallin, et al.
Title	METHOD AND APPARATUS FOR BONE PLA
Art Unit	
Examiner Name	
Attorney Docket Number	MLI-06

I hereby revoke all previous powers of attorney given in the above-identified application.

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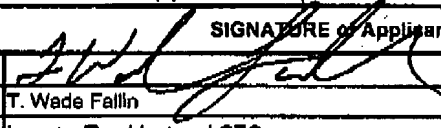
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☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	SEP 3, 2007
Name	T. Wade Fallin	Telephone	435-753-7675
Title and Company	Inventor/President and CEO		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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